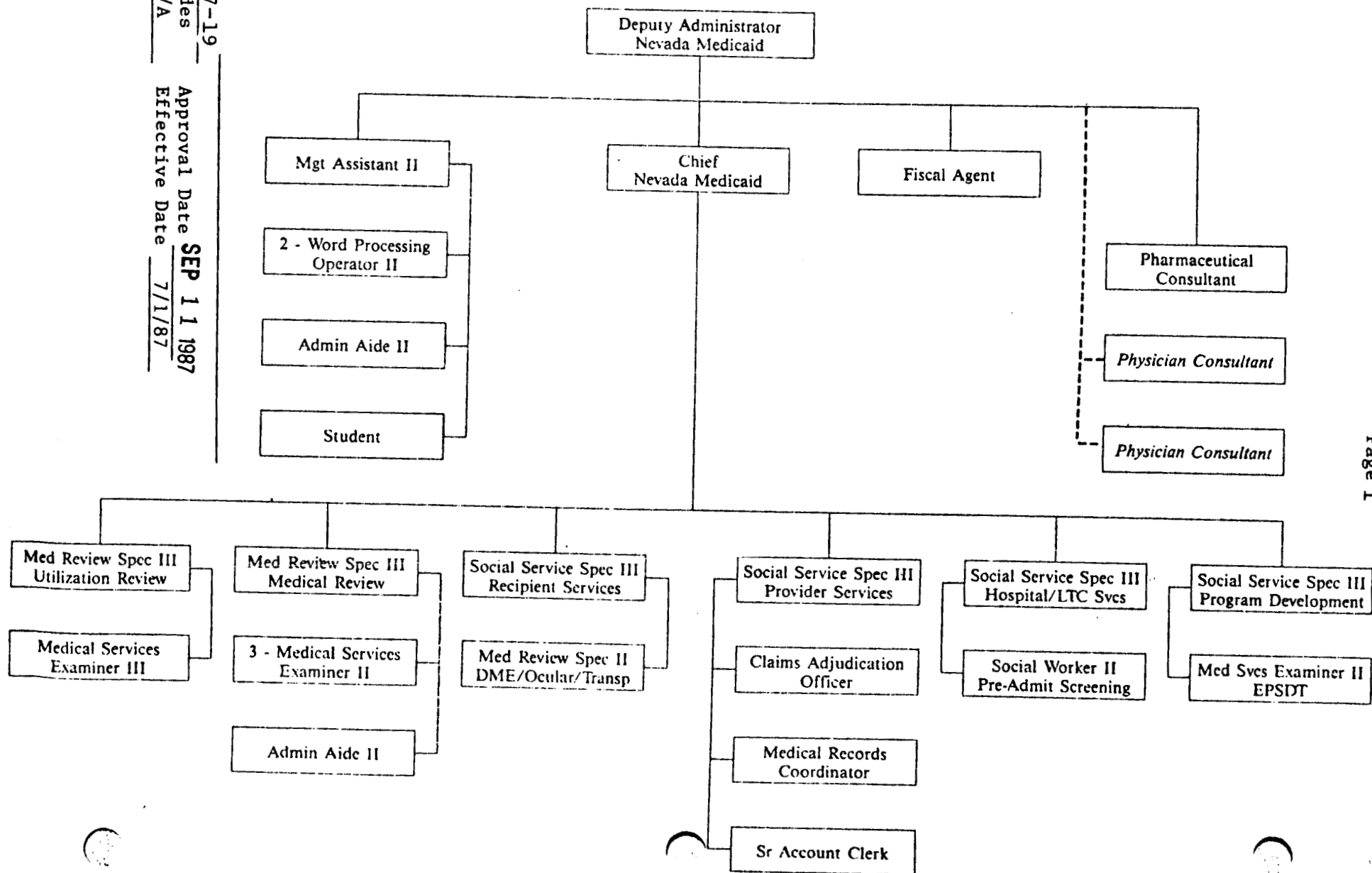


NEVADA STATE WELFARE DIVISION  
 ORGANIZATION CHARTS  
 Section 104.5 (4)

ADMINISTRATIVE MANUAL  
 MTL 7/86 22 Sep 86

TN # 87-19  
 Supercedes  
 TN # N/A

Approval Date **SEP 11 1987**  
 Effective Date 7/1/87



101.3 DEPUTY ADMINISTRATOR OF MEDICAID

The Deputy Administrator of Medicaid has overall responsibility for directing and supervising staff who develop and implement the Medicaid program as prescribed by Title XIX of the Social Security Act and Nevada Revised Statutes. This includes planning, policy development and administration of the Medicaid program.

A. FISCAL RESPONSIBILITIES

The Deputy Administrator:

1. Determines the amount, duration and scope of medical services within budgetary and State Plan limitations. Professional persons and groups make recommendations which are taken into consideration. The Administrative Services Section of the Welfare Division develops fiscal projections.
2. Maintains ongoing fiscal controls over budget funds using fiscal reports developed by the Administrative Services Section.
3. Establishes rates of payments. Provider groups review and comment on proposed rates. Recommended rates are developed by the Administrative Services Section of the Welfare Division. Rates are subject to approval by the Welfare Administrator and/or the Welfare Board.
4. Develops Medicaid budget in cooperation with the Administrative Services Section.

B. COORDINATION AND LIAISON

The Deputy Administrator is the liaison and coordinates with:

1. The Medical Advisory Groups and serves as the Executive Secretary for each group;
2. The Medical Associations;
3. Federal HCFA regional and central offices' staff;
4. County Welfare Directors;
5. Other Sections of the Welfare Division Central Office; and
6. District Office Medicaid staff.

C. STATE LEGISLATURE

The Deputy Administrator develops proposed legislation and testifies on proposed legislation and the Medicaid budget.

3. The fiscal agent, providers and Medicaid staff; and
4. Health Care Financing Administration and Medicaid staff.

D. INQUIRIES AND SURVEYS

The Chief responds to inquiries and surveys from recipients, providers, national groups and other states.

E. STATE PLAN

The Chief revises the Medicaid State Plan as required.

101.5 PHYSICIAN CONSULTANTS

There are physician consultants under contract with Nevada Medicaid, for psychiatry and for other medical services. The duties of the Consultants are to:

- A. Provide advice and medical opinions to Medicaid staff.
- B. Assist in development of Medicaid policies and procedures.
- C. Review charts for disabled clients applying for Medicaid to determine if the clients meet disability eligibility requirements.
- D. Consult with utilization review and medical review staff to determine appropriateness of services.

101.6 PHARMACEUTICAL CONSULTANT

A. PROGRAM RESPONSIBILITIES

The Pharmaceutical Consultant plans, develops and implements changes related to pharmaceutical services. This includes developing controls to promote efficiency and economy and to prevent over utilization. The consultant schedules and notifies participants of meetings of the Pharmacy Committee of the Medical Care Advisory Group.

B. AUTHORIZATIONS

The Pharmaceutical Consultant authorizes payment for services for "emergency care only" recipients.

C. MONITORING

The Pharmaceutical Consultant monitors and evaluates the activities of pharmaceutical staff in long-term-care facilities in Nevada. As needed, the Consultant also participates on the Medical Review Team which reviews long-term-care facilities.

2. Coordinate clearance process for Medicaid Bulletins, Procedure Memos, Medicaid Manual material and forms.

101.8 MEDICAL REVIEW UNIT

The Medical Review Unit consists of a Medical Review Specialist and three Medicaid Service Examiners, and an Administrative Aid.

The duties of this Unit are to:

A. MEDICAL AND INDEPENDENT PROFESSIONAL REVIEWS

1. Project, schedule and conduct annual Medical and Independent Professional Reviews in all long-term-care and adult day health care and ICF/MR facilities.
2. Develop policies and procedures regarding Medical and Independent Professional Reviews in long-term-care, ICF/MR and adult day health care facilities.
3. Direct and coordinate those reviews conducted by Southern Nevada Medical Review Team.
4. The purposes of these reviews are to evaluate care provided for adequacy, appropriateness and feasibility of alternative placement.
5. Maintain ongoing liaison and monitoring of long-term-care facilities.
6. Complete a written report for each facility review.
7. Maintain personal computer (PC) system for long-term-care.
8. Participate in certification of adult day health care facilities.
9. Coordinate activities with Bureau of Regulatory Health Services of the Health Division.

B. PAYMENT AUTHORIZATION

1. Authorize Medicaid payment for all long-term-care placements, both within and out of the state of Nevada.
2. Develop and coordinate procedures for payment authorization for high intensity skilled care.
3. Develop policies and procedures and authorize Medicaid payment for podiatry and audiology services.
4. Conduct pre-screenings for placements in long-term-care or alternative placements.

2. Develop methods, conduct reviews and analyze results of utilization control reviews for non-institutional Medicaid services. Write reports on results of reviews.
3. Develop policies and procedures for utilization control including pre-service controls, concurrent service controls, pre-payment controls, and post-payment reviews.
4. Develop and implement provider and recipient detection program.
5. Design and conduct post payment review of all provider types and assure corrective action is taken.
6. Design and maintain computer conflicting procedure edits to control utilization and Medicaid expenditures.
7. Refer cases of suspected fraud or abuse to Investigations Unit and coordinate with the Investigations Unit in conducting investigations of referred cases.

C. LABORATORY SERVICES PROGRAM

1. Negotiate and prepare contracts with sole-source laboratory providers.
2. Design and conduct an annual audit of each laboratory provider.
3. Develop policies and procedures for laboratory services.
4. Recommend rates for laboratory procedures.
5. Monitor utilization and cost of laboratory services.

D. OUT-OF-STATE SERVICES

Authorize all out-of-state medical services except for long-term-care.

E. OUTPATIENT MEDICAL TREATMENT

1. Authorize outpatient medical treatment including additional doctor visits, physical, speech, and occupational therapy, psychologist and chiropractic services and special procedures.
2. Develop policies and procedures regarding outpatient services, i.e., x-ray services, physical, speech, and occupational therapy physician services, psychologist and chiropractic services, registered nurse practitioner services and hospital outpatient services.
3. Schedule and notify participants of meetings of the Physician's Committee of the Medical Care Advisory Group.

- a. Receive and review requests;
- b. Develop criteria for out-of-state placements; and
- c. Assist out-of-state facilities to deal with problems of Nevada Medicaid recipients.

D. MEDICAL REVIEW TEAM

As needed assist in Independent Professional Reviews.

E. COORDINATION WITH BUREAU OF REGULATORY HEALTH SERVICES (BRHS)

Coordinate and monitor State Survey Agency (BRHS) licensing and survey activities pertaining to ICF/SNF/ICF-MR and Acute Hospital Services.

F. PRE-SCREENING PROGRAM

1. Develop policies and procedures and provide training on ICF/SNF pre-screening program.
2. Maintain controls and statistics on pre-screenings program.
3. As needed, conduct pre-screenings.

101.11 RECIPIENT SERVICES UNIT

This unit consists of a Medical Services Specialist and a Medical Review Specialist. The duties of this Unit are to:

A. DETERMINATIONS OF INCAPACITY AND DISABILITY

1. In conjunction with consulting physician evaluate information provided to determine if Medicaid applicants meet criteria for incapacity or disability.
2. Develop policies and procedures and provide training on incapacity/disability determinations.
3. Assist Fair Hearings Unit and testify at fair hearings regarding incapacity/disability determinations.

B. DENTAL PROGRAM

1. Develop policies and procedures and provide training regarding dental services.
2. Coordinate with fiscal intermediary's dental consultant.
3. Authorize payment for dental services.

3. Maintain computer PC system of waiver recipients.
4. Authorize payment for waiver services.
5. Review claims for waiver services to assure accurate billings.
6. Conduct reviews of waiver services and take necessary action to assure compliance.

C. ADULT DAY HEALTH CARE

1. Develop policies and procedures and provide training and technical assistance regarding adult day health care.
2. Certify or direct certification by local District Office staff for adult day health care.
3. Authorize payment for adult day health care.
4. Develop and maintain PC computer program for adult day health care.

D. SKILLED NURSING IN HOME CARE

1. Develop policies and procedures, provide training and technical assistance regarding skilled nursing in home care.
2. Authorize payment for skilled nursing in home care.

E. PERSONAL CARE AIDE PROGRAM (PCA)

1. Develop policies and procedures and provide training and technical assistance regarding personal care aide program.
2. Authorize PCA services in rural Nevada.
3. Make home visits to PCA clients to assess functioning and develop nursing care plans.
4. Monitor and evaluate PCA program and take necessary corrective action.
5. Review all PCA claims for rural Nevada cases.
6. Coordinate with district office staff who arrange for home care and supervise PCA's.

F. EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)

1. Develop policies and procedures and provide training and technical assistance regarding EPSDT program.

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TN # N/A

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B. DETERMINE ELIGIBILITY

1. Receive and process applications.
2. Determine eligibility initially and on an ongoing basis for Medicaid and, if appropriate, public assistance.
3. Notify clients of the results of the determinations.

C. Maintain E&P Computer System which provides data to the Medicaid system on eligibility for Medicaid.

D. Administer Medicaid Buy-In Program

101.14 ADMINISTRATIVE SERVICES SECTION

The Administrative Services section of the Welfare Division has the following responsibilities pertaining to the Medicaid program:

A. ACCOUNTING

1. Maintain accounting systems for Medicaid expenditures.
2. Maintain accounting systems for Medicaid personnel for payroll, travel, etc.

B. MANAGEMENT ANALYSIS

In conjunction with Medicaid staff maintain computer systems for Medicaid program.

C. INVESTIGATIONS

1. Conduct investigations of allegedly fraudulent Medicaid recipients and providers.
2. Assist in the prosecution of fraudulent recipients and providers.

D. RESEARCH AND STATISTICS

1. Develop means and maintain statistics on Medicaid program.
2. Complete Medicaid federal reports, e.g., HCFA 64, HCFA 2082.

E. QUALITY CONTROL

Conduct reviews to assure proper eligibility determinations of Medicaid applicants/recipients.

F. INTERNAL AUDITS

1. Develop rates for Medicaid services.